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Commissioner

# State of New Hampshire

## Department of Safety

Division of Fire Standards and Training and Emergency Medical Services

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Deborah A. Pendergast  
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### MEMORANDUM

**DATE:** March 5, 2014

**TO:** EMS Service Leaders

**FROM:** Chip Cooper, MPH, NRP, TEMSIS System Administrator

**RE:** TEMSIS Procedure List Changes, Effective March 5, 2014

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Please note that effective today March 5, 2014, the available procedures list in TEMSIS will be changing.

These changes are the result of lengthy review by the NH Data Advisory Committee and a National EMS Data Advisory group. Each procedure was carefully examined and compared to national scope-of-practice, current practice standards, billing needs, good patient care documentation, protocol support and general common sense. The changes are being made now partly in preparation for the bigger system changes required later this year (to get used to procedure changes we would be forced to make anyway now without having to also deal with other system changes), partly because update of this list has been long overdue, and partly to support the release of the new Spinal Injury protocol this week.

#### Here are some important facts to pass on to your providers:

- The old list had 113 procedure choices.
- The new procedure list has been pared down to 73 procedure choices, with an additional 21 procedures hidden in the background that only apply to CCT/AMT crews.
- **Procedures that were removed** include procedures for vital signs when there is also a place to put the vital sign value elsewhere on the runform (if you have a value written, you must have done the procedure!), procedures that are no longer in protocol or standard of care, and procedures that are also captured by other means on the runform or provided no value for some reason.
- **Procedures that were added** include options for 15 Lead ECG, airway opened, BiPAP, bougie assisted intubations, breaking NG and OG into two separate procedures, and other procedures that are now scope of practice and have recently been made available for use through software updates.
- **Name Changes:** This is the other significant change. We have made some name changes to the procedures that will remain the same in the future and are consistent with what all other states are changing to this year. The biggest change came in the grouping categories. Before, we followed a loose procedure category list (airway, breathing, cardiac, cardiac arrest, IV, etc.) to group procedures. The new categories follow body systems and actually fit more appropriately; these new categories are:
  - Assessment,
  - Cardiac –includes cardiac monitoring, cardiac arrest and STEMI,
  - General-includes hot and cold packs, decontamination and restraints,

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- GI/GU-includes NG and OG insertion,
  - Movement-includes extrication, movement using short and long device\*,
  - Musculoskeletal-includes spinal motion restriction\*\*, and all splinting,
  - OB/Childbirth,
  - Respiratory-includes airway management, airway insertion and ventilation,
  - Soft Tissue-includes burn care, wound care and tourniquets,
  - Vascular-includes all venous (IV) access and arterial access and line use.
- **\*Note** that “Extrication Device (Full-Length)” now refers to all long devices for moving someone including a long backboard, scoop stretcher, Reeves or Stokes stretcher, people carrier etc. The term “Extrication Device (Short/KED)” refers to the use of a KED, short board, stair chair or other short extrication device. These are intended to be general terms now and are not for use in spinal immobilization or spinal restriction, but allow a means to document moving someone for extrication (from a house, car, etc.) and stabilization (such as during a cardiac arrest to maintain an intubation).
  - **\*\*Note** that “Spinal Motion Restriction” is the procedure term for use with spinal precautions taken under the new Spinal Injury Protocol. This includes manual spinal immobilization during assessment, application of a c-collar or similar cervical support and securing to the patient to the ambulance cot in one of the methods defined in the protocol. If a specialized position is required (such as left lateral recumbent with head supported by arm for a nauseous patient) note this variation in the procedure comments. A Procedure for “Spinal Immobilization” will also be available until the beginning of May to allow a transition period for adopting the new protocol. Only use “Spinal Immobilization” if you are still using a traditional backboard and head blocks for full immobilization and not using the new protocol.
  - **Services entering their TEMSIS reports into software other than TEMSIS (3<sup>rd</sup> party software):** *All of the procedures that have been inactivated (deprecated) from the procedure list will still be allowed in the XSD for import to TEMSIS until MAY 30<sup>th</sup>. After May 30<sup>th</sup>, inclusion of these procedures will cause your record import to TEMSIS to fail.* Please make adjustments in your software and discontinue collecting the deprecated elements or adjust your export mapping software to strip these procedures out of your export XSD by May 30th. Note that if your software is using the old procedure label, it will modify to reflect the new procedure label once imported into TEMSIS.
  - **References:** Two tables have been attached to this letter to provide a reference to look up old versus new procedure names. One is sorted by the new procedure names; the other is sorted by the old procedure names for cross-reference. These will be available for download from the TEMSIS site, but we also suggest you print and post these for your providers to reference when documenting until they get used to the new procedure names.
  - **Active Protocol Feature Users:** Updating all the Active protocols usually takes several days of review to get through them all and we are unable to start that until the protocol list has been updated. We will be working through all of the Active protocols after today to insure the procedure links have all been updated correctly, but it will likely take several days for that to be completed. Please be aware that some Active Protocols may be quirky or problematic until we can work our way through all of them, thanks for your patience with our updating this feature.

If you find you have concerns about the changes, or have suggestions for further improvements, please submit them to Chip Cooper at [Richard.cooper@dos.nh.gov](mailto:Richard.cooper@dos.nh.gov). The suggestions will be brought forth to the Data Advisory Committee at the monthly meeting for review. EMS data Advisory Meetings are held on the second Tuesday of each month at 1300 hours by conference call and webinar. All stakeholders are welcome to attend and participate.